SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

Filing at a Glance

Company: USAble Life

Product Name: AR Public School Group Applications, APSG-APP (8-1	SERFF Tr Num: LSVX-G127370520	State: Arkansas
TOI: L04G Group Life - Term	SERFF Status: Closed-Approved-Closed	State Tr Num: 49561
Sub-TOI: L04G.500 Other	Co Tr Num: AR000210100005	State Status: Approved-Closed
Filing Type: Form		Reviewer(s): Linda Bird
	Author: SPI Life and Specialty Ventures	Disposition Date: 08/19/2011
	Date Submitted: 08/15/2011	Disposition Status: Approved-Closed
Implementation Date Requested: 08/15/2011		Implementation Date:

State Filing Description:

General Information

Project Name: Group Applications	Status of Filing in Domicile:
Project Number: AR000210100005	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Employer	Overall Rate Impact:
Filing Status Changed: 08/19/2011	
State Status Changed: 08/19/2011	Deemer Date:
Created By: SPI Life and Specialty Ventures	Submitted By: SPI Life and Specialty Ventures

Corresponding Filing Tracking Number:

Filing Description:

We have revised the applications that can be used with our Group Life product in the Arkansas Public School Employees Group. These applications are used with the Arkansas Public School Employees Policy, GPOL-APSG (10-05) and certificate, GCRT-APSG (10-05) which were approved on 10/10/2005.

APSG-APP (8-11) will replace APSG-APP (6-05), which was approved on 6/21/2005.
APSG-RET (8-11) will replace APSG-APP (6-08), which was approved on 6/24/2008.

SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

The following form can also be used with these applications:

APP-NOTICE (9-08) - Application Notice - 10/23/2008

USAble Life reserves the right to change the type style, paper size, and logo, or to issue the forms in electronic format.

The application may, at some time in the future, be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assure that its content will not change and its readability compliance will not be affected. Also, at some point, we anticipate utilizing electronic signatures in a form compliant with your laws and regulations.

Company and Contact

Filing Contact Information

Rob Wittenburg, Regulatory Resource Analyst	rwittenburg@usablelife.com	
PO Box 1650	501-212-8877 [Phone] 8877 [Ext]	
Little Rock, AR 72203-1650	501-235-8484 [FAX]	

Filing Company Information

USAble Life	CoCode: 94358	State of Domicile: Arkansas
PO Box 1650	Group Code: 876	Company Type: Life & Healh
Little Rock, AR 72203-1650	Group Name: Life and Speciality Ventures (LSV)	State ID Number:
(501) 375-7200 ext. [Phone]	FEIN Number: 71-0505232	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	$50 per form x 2 forms
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAble Life	$100.00	08/15/2011	50642709

SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	08/19/2011	08/19/2011

SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

Disposition

Disposition Date: 08/19/2011
Implementation Date:
Status: Approved-Closed
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Form	Arkansas Public School Employees Application and Change Form		Yes
Form	Arkansas Public School Retiree Application and Change Form		Yes

SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

Form Schedule

Lead Form Number: APSG-APP (8-11)

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	APSG-APP (8-11)	Application/ Enrollment Form	Arkansas Public School Employees Application and Change Form	Revised	Replaced Form #: APSG-APP (6-05) Previous Filing #:	40.000	APSG-APP (8-11).PDF
	APSG-RET (8-11)	Application/ Enrollment Form	Arkansas Public School Retiree Application and Change Form	Revised	Replaced Form #: APSG-RET (6-08) Previous Filing #: 39375	40.500	APSG-RET (8-11).PDF

USAble Life
P. O. Box 1650
Little Rock, AR 72203

Please Print Using Dark Ink

ARKANSAS PUBLIC SCHOOL EMPLOYEES GROUP
Application, Change Form & Beneficiary Change Form

For Office Use Only		
Class	Dep	SIC
Eff. Date		
Group #		

Instructions:
1. **For $5,000 Basic Life/AD&D *ONLY* – complete rows 1, 2, 3, 4, 5, 7, 8, 9 and sign as well as date the form.**
2. **For $5,000 Basic Life/AD&D *AND/OR* Supplemental Life/AD&D, Dependent Life – complete all areas.**
3. **Return Completed Form to Your School District Payroll Office.**

☐ New Applicant ☐ Benefit Change ☐ Name Change ☐ Beneficiary Change

APPLICANT INFORMATION

1. Employer (Agency /School District Name)	Group Number	Product(s)
	AS004404-_____	☒ Basic Life/AD&D ☐ Supplemental Life/AD&D ☐ Dependent Life

2. Employee Social Security #	Employee Last Name	First Name	Middle Initial	Date of Birth (Mo Date Year)

3. Home Address (Street City State Zip)	Birth State or Country

4. Sex ☐ Male ☐ Female	Height (ft.-in.)	Weight (lbs)	Marital Status	Date of Hire **(Include Month/Day/Year)**	Occupation

5. Home Phone #	Work Phone #	Annual Salary

6. Spouse & Children Information – *Complete if Applying for Dependent's Coverage*

Person Proposed for insurance Show first, middle, last name	Social Security #	Occupation	Date of Birth & Place				Height	Weight	Marital Status	Sex
			Mo.	Day	Yr.	State or Country				
(spouse)										
(child)										
(child)										
(child)										

BASIC/SUPPLEMENTAL/DEPENDENT LIFE

Supplemental Employee Life and AD&D

Are you currently enrolled in one of the Arkansas Public School Employees qualified health plans? ☐ Yes ☐ No

Classification By Basic Annual Earnings	Insurance Amount	Check One
$10,000 or less	$20,000	☐
$10,001 - $15,000	$30,000	☐
$15,001 - $20,000	$40,000	☐
$20,001 - $25,000	$50,000	☐
$25,001 - $30,000	$60,000	☐
$30,001 and above	$70,000	☐

Dependent Life

☐ Yes ☐ No

Spouse: $2,500

Your spouse/child will not be covered for Dep. Life if also covered as an employee of the AR Public School Group.

Child(ren):
$2,500 - 3 years of age and over
$1,000 - 14 days of age to 3 years of age

Monthly Premium

$5,000 Basic Employee Life **$**_____

Supplemental Employee Life **$**_____

Dependent Life **$**_____

Total Monthly Premium $_____

In signing below, I (a) represent that the statements and answers given on all pages of this application, are true, complete and correctly recorded to the best of my knowledge and belief; (b) authorize any physician, medical practitioner, hospital, clinic, or other medically related facility, insurance or reinsurance company, or Medical Information Bureau, Inc., having information on me or any member of my family (only those who have applied for coverage on this application) regarding our mental and physical health, other insurance coverage, hazardous activities, character, general reputation, finances, and vocation to give to USAble Life, its reinsurers, or its legal representative any and all such information to use for underwriting insurance; (c) authorize all said sources, except MIB, to give such records or knowledge to any agency employed by the company to collect and transmit such information in order to facilitate its rapid submission; (d) agree that this authorization shall be valid for two (2) years from the application date; (e) agree that a photocopy of this authorization shall be as valid as the original and I understand that a copy is available to me or my representative upon request; (f) acknowledge receipt of written notification describing the use of the Medical Information Bureau as required by the Fair Credit Reporting Act; and (g) acknowledge receipt of the Insurance Fraud Warning. I have read and understand the above statements and agreements. In applying for insurance, I authorize my employer to make the necessary payroll deductions to pay for my insurance. I understand failure to disclose a proposed insured person's true health condition may void this policy.

Insurance Fraud Warning - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

DATE OF APPLICATION _____ _____
MONTH/DAY/YEAR **EMPLOYEE SIGNATURE**

_____ _____
SIGNATURE OF EMPLOYER/WITNESS **PRINTED NAME OF EMPLOYER/WITNESS**

NOTIFICATION FOR THE PROPOSED INSURED— Please read carefully and detach for your records.

Insurance Fraud Warning- Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

Notice of Insurance Information Practices - In the course of properly underwriting and administering your insurance coverage, we will rely heavily on information provided by you. We may also seek information from others, such as medical professionals who have treated you. In some cases, we may ask a consumer reporting agency to collect information and submit an investigative consumer report to us. You have the right to request to be interviewed in connection with the preparation of that report. You may receive a copy of the report upon request.

You have the right to be told about, and to see and copy if you wish, items of personal information about you which appear in our files, including information contained in investigative consumer reports. You also have the right to seek correction of information you believe to be inaccurate.

THE ABOVE IS A GENERAL DESCRIPTION OF OUR INFORMATION PRACTICES. IF YOU WOULD LIKE TO RECEIVE A MORE DETAILED EXPLANATION OF THOSE PRACTICES, PLEASE SEND YOUR REQUEST TO THE CHIEF UNDERWRITER, P.O. Box 1650, Little Rock, AR 72203

USAble Life
Little Rock, Arkansas

7. Employee Name (Last, First, M.I.)	Social Security #	Employer	Group # AS004404-____

BASIC AND SUPPLEMENTAL LIFE/AD&D BENEFICIARY DESIGNATION

I hereby designate the following (beneficiaries) under this Plan and revoke any existing beneficiary designation I may have made for basic and/or supplemental life/AD&D insurance benefits. I understand that this change must be on a form acceptable to USAble Life and received at our Home Office. I further acknowledge that any designation or change will be effective the date made, subject to any payment USAble Life may have made before it is received.

PRIMARY BENEFICIARY(IES) [Will receive proceeds if living at death of Employee.]:

8. Last Name	First Name	MI	SSN	Birthdate	Relationship	Percentage
					Total	= (Total must equal 100%)

CONTINGENT BENEFICIARY(IES) [Will receive proceeds if Primary Beneficiary(ies) are not living.]:

9. Last Name	First Name	MI	SSN	Birthdate	Relationship	Percentage
					Total	= (Total must equal 100%)

Complete this section only if applying for Supplemental Life or Dependent Life more than 31 days after your hire date. Complete the information below on yourself *(if applying for Supplemental Life)* and on your dependents *(if applying for Dependent Life).*

1. Have you, your spouse or children been hospitalized for any reason during the past five (5) years? ☐ No ☐ Yes
   If yes, give date, reason hospitalized and name of person hospitalized:

2. Have you, your spouse or children consulted a physician in the past one (1) year? ☐ No ☐ Yes
   If yes, give name of person seen by doctor, reason seen, and name(s) of doctors seen:

3. Have you, your spouse, or children ever been diagnosed by or received treatment from a member of the medical profession for:

	No	Yes
1) Cancer or any cancer related disease?	☐	☐
2) Disease of the heart or blood vessels, or had a stroke?	☐	☐
3) Kidney disease or diabetes?	☐	☐
4) AIDS or AIDS Related Complex, Immune Deficiency Disorder, or tested positive for antibodies to HIV?	☐	☐
5) Alcohol or Drug Abuse?	☐	☐
6) Lung, Liver or Blood Disorder?	☐	☐
7) Emotional, Nervous System or Mental Health Problems?	☐	☐
8) Hypertension (high blood pressure)? (Give last two blood pressure readings, dates, medication taken, and medication dosage below)?	☐	☐

GIVE DETAILS TO ANY "YES" ANSWERS TO QUESTION 3 above, including name of person, diagnosis, and dates of treatment:

4. Do you, your spouse or children have any impairments, diseases or illnesses not covered in questions 1, 2, or 3? ☐ No ☐ Yes
   If yes, give details, including name of person, diagnosis, and dates of treatment:

5. Are you, your spouse or children currently taking medication(s)? ☐ No ☐ Yes If yes, give name of person, medication(s) and dosage:

6. Name, address, and phone number of personal physician(s):

MEDICAL INFORMATION BUREAU DISCLOSURE NOTICE

Information regarding your insurability will be treated as confidential. USAble Life or its reinsurers may, however, make a brief report thereon to the MIB, Inc., formerly known as Medical Information Bureau, a not-for-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members. If you apply to another MIB member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information about you in its file.

Upon receipt of a request from you, the MIB will arrange disclosure of any information it may have in your file. Please contact MIB at (866) 692-6901 (TTY (866) 346-3642). If you question the accuracy of information in MIB's file, you may contact MIB and seek a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act. The address of MIB's information office is: 50 Braintree Hill, Braintree, Massachusetts 02184-8734. USAble Life or its reinsurers may also release information in its file to other life insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted. Information for consumers about MIB may be obtained on its website at www.mib.com.

FEDERAL FAIR CREDIT REPORTING ACT NOTICE

In connection with your application for insurance, an investigative consumer report may be prepared whereby information is obtained through personal interviews with your family, friends, neighbors, business associates, financial sources, or others with whom you are acquainted. This inquiry includes information as to your character and general reputation. If an investigative consumer report is prepared in connection with your application, you may receive a copy of that report upon written request to the Company.

USAble Life

P. O. Box 1650
Little Rock, AR 72203
Telephone 800-370-5854
501-378-5854

ARKANSAS PUBLIC SCHOOL RETIREE LIFE INSURANCE PROGRAM

LIFE INSURANCE APPLICATION AND CHANGE FORM

For Office Use Only		
Class	Dep	SIC
Eff. Date		
Group #		

☐ New Applicant ☐ Benefit Change ☐ Name Change ☐ Beneficiary Change

APPLICANT INFORMATION

Employee Name (Last, First, M.I.)	Date of Birth	Social Security #

Street Address	City	State	Zip

Annual Salary at Retirement	Were you a Certified or Classified Employee?	Is retirement due to disability? Yes ☐ No ☐	Agency/School District Name

Date of Hire	Date of Retirement	Home Phone #	Work Phone #

RETIREE LIFE SELECTION

Please enroll me for the following Retiree Life Insurance Coverage

Retiree Insurance Amount	Select One	Retiree Insurance Amount	Select One
$ 4,000	☐	$16,500	☐
$ 5,000	☐	$17,500	☐
$ 7,500	☐	$19,000	☐
$ 9,000	☐	$21,500	☐
$10,000	☐	$24,000	☐
$11,500	☐	$29,000	☐
$12,500	☐	$34,000	☐
$14,000	☐	$39,000	☐
$15,000	☐		

RETIREE LIFE BENEFICIARY DESIGNATION FOR BENEFITS

This will revoke any existing beneficiary designation you may have under basic and supplemental life benefits.

Name (Last, First, MI)	Date of Birth	Social Security #	Relationship	Primary/Contingent
				☐ Primary or ☐ Contingent
				☐ Primary or ☐ Contingent
				☐ Primary or ☐ Contingent

I represent that the information provided on this application is true, complete and correctly recorded. I hereby designate the above beneficiary(ies) under this certificate and revoke the appointment of any existing beneficiary. In applying for insurance, I authorize the Teacher Retirement System or the Public Employee Retirement System (whichever is applicable) to make payroll deductions to cover my life insurance. This application must be received within 31 days of the date of retirement or coverage will terminate on the effective date of your retirement or the last date through which premiums were paid.

I hereby authorize any provider of medical services or supplies to make available to USAble Life, its agents or any of its subsidiaries, any and all medical records pertaining to me.

Insurance Fraud Warning - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.

DATE OF APPLICATION _____ _____

MONTH/DAY/YEAR **EMPLOYEE'S SIGNATURE**

SERFF Tracking Number:	*LSVX-G127370520*	*State:*	*Arkansas*
Filing Company:	*USAble Life*	*State Tracking Number:*	*49561*
Company Tracking Number:	*AR000210100005*		
TOI:	*L04G Group Life - Term*	*Sub-TOI:*	*L04G.500 Other*
Product Name:	*AR Public School Group Applications, APSG-APP (8-1*		
Project Name/Number:	*Group Applications/AR000210100005*		

Supporting Document Schedules

Item Status: **Status Date:**

Satisfied - Item: Flesch Certification

Comments:

Attachment:

AR - READABILITY CERTIFICATION.PDF

Item Status: **Status Date:**

Satisfied - Item: Application

Comments:

See filing description.

STATE OF ARKANSAS

READABILITY CERTIFICATION

COMPANY NAME: **USAble Life**

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
APSG-APP (8-11)	40
APSG-RET (8-11)	40.5

Signed: 

Name: Connie Phillips

Title: Assistant General Counsel & Assistant Secretary

Date: 8/15/2011